
TECHNICAL HANDBOOK FOR
ENVIRONMENTAL HEALTH AND ENGINEERING
VOLUME I - ADMINISTRATION
PART 13 - PLANNING DOCUMENTS AND REPORTS
CHAPTER 13-2 PROGRAM JUSTIFICATION DOCUMENT (PJD)

Chapter 13-2 PROGRAM JUSTIFICATION DOCUMENT (PJD)

This chapter contains the revised prototype Program Justification Document (PJD). This prototype incorporates the new Health Systems Planning (HSP) process, and is a generic, "fill-in-the-blank" model that prompts for minimum essential information. The Indian Health Service (IHS) Area Office is expected to use this prototype as a guide, inserting applicable HSP reports, and supplement it with additional information as required for clarity. A PJD is required for each proposed health care facilities construction project before design and construction may begin. All PJDs are approved at the IHS Headquarters by the Director, Office of Environmental Health and Engineering, Office of Public Health, unless authority for approval is delegated otherwise.

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PROGRAM JUSTIFICATION DOCUMENT

INDIAN HEALTH SERVICE

[Name of Health Care Facility]

[Location], [State]

(Project No. [Number assigned by IHS HQ])

[Month] [Year]

[Name of Area] AREA INDIAN HEALTH SERVICE

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INDIAN HEALTH SERVICE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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PROGRAM JUSTIFICATION DOCUMENT
INDIAN HEALTH SERVICE
[Name of Health Care Facility]
[Location], [State]

RECOMMEND APPROVAL:

[Name]
[Assistant Surgeon General (If applicable)]
Director
[Name of Area] Area Indian Health Service
Indian Health Service

Date

RECOMMEND APPROVAL:

[Name]
Director
Division of Facilities Planning and Construction
Office of Environmental Health and Engineering
Office of Public Health
Indian Health Service

Date

APPROVE:

[Name]
[Assistant Surgeon General (If applicable)]
Director

Date

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Office of Environmental Health and Engineering
Office of Public Health
Indian Health Service

**PROGRAM JUSTIFICATION DOCUMENT
INDIAN HEALTH SERVICE**

[Name of Health Care Facility]
[Location], [State]

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PROGRAM JUSTIFICATION DOCUMENT
INDIAN HEALTH SERVICE
[Name of Health Care Facility]
[Location], [State]

LIST OF ABBREVIATIONS

| | | | |
|-------|--|-----------------|---|
| ADA | Americans with Disabilities Act | HC | handicapped accessible |
| ADPL | average daily patient load | HCFA | Health Care Financing Administration |
| AI/AN | American Indian & Alaskan Native | | |
| AIDS | acquired immunodeficiency syndrome | HFCPS | Health Facilities Construction Priority System |
| ALOS | average length of stay | HFPM | Health Facilities Planning Manual |
| BGA | building gross area | HIV | human immunodeficiency virus |
| BIA | Bureau of Indian Affairs | HPSA | Health Provider Shortage Area |
| CEO | Chief Executive Officer | HUD | U.S. Department of Housing and Urban Development |
| CHR | Community Health Representative | HUD | U.S. Department of Housing and Urban Development |
| CHS | contract health services | HVSR | Housing Verification Survey Report |
| DGA | department gross area | IHS | Indian Health Service |
| DNA | department net area | IPB | inpatient beds |
| EMT | emergency medical technician | IPD | inpatient days |
| ENT | ear, nose & throat | IV | intravenous |
| ES | Engineering Services (-Dallas or -Seattle) | JCAHO | Joint Commission on the Accreditation of Healthcare Organizations |
| FedEx | Federal Express | | |
| FEDS | Facilities Engineering | | |
| | Deficiencies System | km | kilometers |
| FY | fiscal year | km ² | square kilometers |
| GYN | gynecology | kph | kilometers per hour |
| ha | hectares | m | meters |

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| | | | |
|----------------|-----------------------|-------|-----------------------|
| m ² | square meters | | Methodology Needs |
| mm | millimeters | | Assessment |
| MS | mechanical space | SSER | Site Selection and |
| OB | obstetrics | | Evaluation Report |
| OMB | Office of Management | SSN | short stay nursing |
| | and Budget | SSNU | Short Stay Nursing |
| OPV | outpatient visits | | Unit |
| PCP | primary care | SU | service unit |
| providers | | SUD | Service Unit Director |
| PCPV | primary care provider | TDGA | total department |
| | visits | gross | |
| PJD | Program Justification | | area |
| | Document | TFGA | total floor gross |
| PJDQ | Program Justification | | area |
| | Document for | UFAS | Uniform Federal |
| | Quarters | | Accessibility |
| POR | Program of | | Standards |
| | Requirements | UPS | United Parcel Service |
| PORQ | Program of | USPS | United States Postal |
| | Requirements for | | Service |
| | Quarters | U.S. | United States of |
| QCPS | Quarters Construction | | America |
| | Priority System | USA | United States of |
| RRM | Resource Requirements | | America |
| | Methodology | WIC | Women, Infant & |
| RRMNA | Resource Requirements | | Children Program |

[NOTE TO PROGRAMMER: Add and delete abbreviations as appropriate to specific document.]

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Program Justification Document
Indian Health Service
[Name of Health Care Facility]
[Location], [State]

I. EXECUTIVE SUMMARY

This Program Justification Document (PJD) authorizes this Indian Health Service (IHS) project, including a new **[Indicate if the proposed health care facility is to be new, a modernization, an addition, or a combination of these.]** health care facility and supporting staff quarters **[if applicable]**. **[Adapt to reflect what is in the project.]** **[Add an indication how the project will meet program needs.]** Authorized health care programs and services are **[identify and list]**. A staffing level of **[total staffing level authorized by the approved RRMNA]** IHS employees, plus **[number]** tribal positions, and **[number]** contract positions **[if applicable]**, for a total of **[number]** is authorized. The preliminary gross size of the health care facility is **[number]** square meters. For the approved staffing level, **[number]** staff quarters are authorized for the non-local employees, with a gross area of **[number]** square meters. With the approval of this PJD, IHS Headquarters concurrence is provided for the approved Phase I Site Selection and Evaluation Report, which indicates **[number]** hectares (ha) have been made available. The total estimated cost for this project is **[\$[amount]]**.

II. INTRODUCTION AND BACKGROUND

In **[year]**, Phases I and II of the IHS Health Facilities Construction Priority System (HFCPS) were applied to health care delivery programs nationwide. The proposal to construct a new or replacement facility to provide health care services space at **[name]** was among those selected during Phases I and II for further evaluation. During Phase III, the IHS has assessed the health care needs of the Indian population at this location and evaluated the ability of the existing health care delivery system to meet those needs. The major issues evaluated during the HFCPS process are the utilization of the existing system; the size and condition of existing space; the ability of the existing space to support an accessible and modern health care delivery system; and the proximity of other health care

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facilities. The findings of this evaluation are that **(a new facility is required at [name]) [or] (the existing facility [name] is inadequate and requires replacement, significant renovation, and/or expansion).** [NOTE FOR PROGRAMMER: Adapt this part to reflect what is in the project.]

The project includes the acquisition of approximately **[number]** hectares of **[type; e.g., Tribal Trust]** land to meet the minimum need of approximately **[number]** hectares; construction of a **[new or replacement] [type of health care facility]**, having a gross size of approximately **[number]** square meters (m²); and the construction of **[quantity]** new staff quarters, having the gross size of approximately **[number]** m². With a proposed staffing level of **[number]** IHS and **[number]** tribal employees, the new **[type of health care facility]** will provide **[briefly state services to be provided]**, for the residents of the **[identify the service area]**. It will replace and or improve upon the services currently being provided **[complete and revise as required to state the current conditions]**. Following the opening of the new **[type of health care facility]**, the **[identify the current health care facility/ies that is/are being replaced, if applicable]** will be closed and disposed of; thereby, reducing the IHS Real Property Inventory by a total of **[amount]** gross m² (**[amount]** m² for the **[identify type of health care facility]** and **[amount]** m² for housing [NOTE FOR PROGRAMMER: Revise as appropriate to reflect the appropriate conditions.]

This PJD was prepared to delineate the health services necessary to meet the needs of the eligible population, to describe the methods for providing that service, and to present the reasoning to justify the **(expansion) [and/or] (replacement) (of an existing [or] (construction of a new) facility.** It also describes the requirements for staff quarters needed to support the **(new/replacement/expanded)** health care facility.

III. GENERAL

The IHS is the component of the Department of Health and Human Services responsible for the administration of the principal Federal health care programs for American Indian and Alaska Native (AI/AN) people. The IHS provides a unique health delivery system which is comprehensive for approximately 1.34 million AI/AN people, living on

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or near Federal Indian reservations or in traditional Indian country, such as in the states of Oklahoma and Alaska.

The organization and delivery of health care to Indian Tribes by the IHS has its basis in treaties and laws enacted by the Congress of the United States of America and judicial rulings. The Snyder Act of 1921 is the authorizing authority for the IHS and links the IHS services to congressional appropriations which provide for the use of "...such monies as the Congress may from time to time appropriate, for the benefit, care and assistance of Indians..." The Congress has authorized services primarily for members of Federally recognized tribes who live on or near reservations, or in traditional Indian country.

The goal of the IHS is to elevate the health status of AI/AN people to the highest possible level. Its mission is threefold:

1. To provide and/or assure the availability of high quality comprehensive and accessible health care services.
2. To provide increasing opportunities for Indians to manage and operate their own health programs.
3. To serve as an advocate for Indian people.

IV. SERVICE UNIT AND SERVICE AREA DESCRIPTION

A. Location: The [name] Reservation is located in [State and location within State in relation to the Area Office]. The community of [name] is located [location within Reservation]. The Service Area includes the counties of [names]. See Tab A for Area and Service Unit maps. [NOTE FOR PROGRAMMER: Maps are to note and highlight locations of existing and proposed health care facilities.]

B. Access: [NOTE FOR PROGRAMMER: Describe Service Area in terms of isolation and type, size, condition, and general maintenance of roads. Include the type and frequency of restricted driving conditions or road closures due to weather, etc. Describe the availability of public transportation.]

C. Demographics: The population density of the reservation is [number] persons per square kilometer. [NOTE FOR PROGRAMMER:

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Discuss population trends of the reservation in terms of ages, births, and deaths in relation to the population of non-Indians in the surrounding community, state, and nationally. Discuss Indian population concentrations and their distances from the proposed new health facility and the nearest adequate IHS health care facility.]

Table [number] provides a list of communities to be served by the proposed new health care facility, the respective user populations for the current year, and the approximate distances to the proposed new site and to the nearest adequate IHS health care facility. The current user populations are to be summarized from the HSP Discipline - User Population Report provided in Tab D.]

The major cities within driving distance of the [name] Reservation are [NOTE FOR PROGRAMMER: Give the name, state, distance, direction, and population of the cities.]

D. Topography: The area is [NOTE FOR PROGRAMMER: Describe the general features of the terrain. Give the altitude of the general location of the proposed facility.]

E. Climate: The average high temperature in the summer is [degrees], and the average low temperature in the winter is [degrees]. The annual precipitation ranges from [number] millimeters to [number] millimeters. [NOTE FOR PROGRAMMER: Describe any unusual weather conditions that are common to the area, such as winds, fog, etc.]

F. Utilities: [NOTE FOR PROGRAMMER: Describe what utilities are available and who provides them. Describe to what extent the utilities, such as water, sewer, electricity, natural gas, etc., are available to all reservation households. Describe what alternative fuel services are available.]

G. Communications: [NOTE FOR PROGRAMMER: Describe what communications services are available and who provides them. Describe to what extent the communications, such as telephone and cable TV, etc., are available to all reservation households. Describe what media services (TV, radio, newspaper, etc.) are available; how many and what frequency.]

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H. Public Transportation: [NOTE FOR PROGRAMMER: Describe and list transportation facilities available in the community. Discuss any planned future expansion of services.]

I. Housing: [NOTE FOR PROGRAMMER: Describe the housing in the area and its availability. Discuss any planned future housing developments.]

J. Public Facilities: [NOTE FOR PROGRAMMER: Describe and list amenities available in the community, such as grocery/convenience stores, service stations, restaurants, post office, police and fire departments, churches, etc. Discuss any planned future community developments.]

K. Economy and Employment: [NOTE FOR PROGRAMMER: Describe the economy of the service area. What are the principal sources of income for the population? Give the level of unemployment for the population. List any significant natural resources, such timber, minerals, etc.]

L. Education: [NOTE FOR PROGRAMMER: Describe the school systems available on and off the reservation. What are the grade levels of the schools? Are any new schools being planned and/or funded? Describe the level of education of the reservation population.]

M. Social Profile: [NOTE FOR PROGRAMMER: Describe the social profile of the reservation.]

N. Political Profile: [NOTE FOR PROGRAMMER: Describe the political profile of the reservation. Give a brief history of the tribe, when it was Federally recognized, and its political structure.]

O. Natural Resources: [NOTE FOR PROGRAMMER: Describe the natural resources on the reservation.]

V. PROGRAM SERVICES

A. Health Status of Eligible Service Area Residents: The health status of the [tribe] and American Indians residing in the

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[name] Service Area is typical of an economically depressed and medically under-served area. [NOTE FOR PROGRAMMER: Describe the reasons for the poor health status of the residents.]

B. Current and Proposed Health Service Programs: Services at the [name of facility] are limited. [NOTE FOR PROGRAMMER: Describe the current operation of the health care delivery program and services available through direct and contract care.]

The proposed health care delivery program will expand existing services at [facility name] and will include additional services to provide [comprehensive health care/primary health care] for the residents of the service area. [NOTE FOR PROGRAMMER: Give a brief description of new services authorized by the new HSP process and indicate those services that will continue to be provided by contract. Summarize the services being proposed, which are other than those authorized by the HSP.]

Table [number] lists the specific services that are existing and/or proposed for the new health care facility.

TABLE [number]
COMPARISON OF EXISTING AND NEW SERVICES

EXISTING SERVICES

NEW SERVICES

[NOTE FOR PROGRAMMER: In this table, list appropriate existing and proposed new services by column. Use the same service designations as used in the HSP process.]

Tab B contains justifications for proposed new services, which are other than those authorized by the HSP. [NOTE FOR PROGRAMMER: If not applicable, provide a Tab B, but note in it that such is not applicable for the project].

VI. PROGRAM JUSTIFICATION

The proposed health care facility will provide space to support a modern and adequately staffed health care delivery program. This will improve access to the basic medical services that are necessary

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to maintain and promote health status and quality of life for the residents of the service area.

A. Alternative Sources of Health Care

1. **IHS Alternatives:** [NOTE FOR PROGRAMMER: State if there are/are not other IHS health care facilities] within the IHS accessibility radius for [inpatient/ambulatory] care services and discuss.] The nearest IHS alternate source of [inpatient/ambulatory] service is [name of facility and distance and direction from population center of service area]. [NOTE FOR PROGRAMMER: Give brief description of access to these facilities, addressing road conditions, weather conditions, means of transportation, age and condition of facilities, and ability to accommodate the health care needs of the service area population.] Other IHS facilities at [name and location] cannot accommodate the health care needs of the service area population.

2. **Non-IHS Alternatives:** [NOTE FOR PROGRAMMER: State if there are/are not non-IHS health care facilities within the IHS accessibility radius for (inpatient/ambulatory) care services and discuss.] The nearest non-IHS alternative source of inpatient service is [name of facility and distance and direction from population center of service area]. [NOTE FOR PROGRAMMER: Give brief description of access to these facilities, addressing road conditions, weather conditions, means of transportation, age and condition of facilities, and ability to accommodate the health care needs of the service area population.]

3. **Evaluation of Alternatives:** Tab C contains data for the available alternate sources of health care for this service area. (NOTE FOR PROGRAMMER: Discuss the results of the analysis which will detail the consideration of other sources of health care.)

B. Projected Workload

1. **User Population:** The IHS [name] service area user population is projected to fiscal year (FY) [date], and totals [number]. [NOTE FOR PROGRAMMER: Obtain the projected fiscal year and total user population number from the detailed projected user population shown in the HSP "Discipline - User Population Report" (Tab D).] Detailed current and projected user populations are

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provided in the HSP "Discipline - User Population Report" (Tab D). Table [number] provides a summary, by communities of residence to be served by the proposed new health care facility, the respective user populations for the current year and projected year.

TABLE [number]

| COMMUNITY OF RESIDENCE | HSP USER POPULATIONS | |
|------------------------|------------------------|--------------------------|
| | CURRENT FY [number] | PROJECTED FY [number] |
| | | |
| | | |
| | | |
| TOTALS | | |

2. Workload Projection: The space requirements for this project have been prepared in accordance with the HSP process. For the HSP process, the health services workload is derived from the user populations for the communities served. The HSP calculates the respective workloads for each health care service, using [year] data obtained in [year] and projects the workload for twelve years from the year the data was obtained. Tab E contains the HSP "Workload Summary Report." Tab F contains the HSP "Discipline Summary Report," which provides the workload by each discipline to be provided in the new health care facility.

C. Staffing Requirements.

1. Resource Requirements Methodology Needs Assessment:
The staffing requirements for this project were established in accordance with the IHS Resource Requirements Methodology (RRM), as determined from an analysis of the application of the Resource Requirements Methodology Needs Assessment (RRMNA) for this proposed project. The approved staffing level is [number] full time equivalent (FTEs) positions, as determined by the RRMNA for IHS staff, [number] positions for tribal programs, and [number] contract [type] personnel, for a total of [number] positions.

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Tab G contains a detailed listing of staff positions proposed for this project. Tab H contains the approved RRMNA that supports the FTEs shown for the IHS positions. The below table contains a summary of the authorized staffing for the project:

**TABLE [number]
SUMMARY OF AUTHORIZED STAFFING**

| DEPARTMENT | NUMBER OF POSITIONS | | |
|----------------------|-----------------------|------------------------|--------------------------|
| | CURRENT AUTHORIZED | ADDITIONAL REQUIRED | TOTAL RRM REQUIREMENT |
| IHS STAFF (FTEs) | | | |
| | | | |
| | | | |
| TOTAL IHS STAFF | | | |
| TRIBAL STAFF | | | |
| | | | |
| | | | |
| | | | |
| TOTAL TRIBAL STAFF | | | |
| CONTRACT STAFF | | | |
| | | | |
| | | | |
| TOTAL CONTRACT STAFF | | | |
| GRAND TOTAL STAFFING | | | |

[NOTE FOR PROGRAMMER: After providing the summary table above, describe and discuss how the existing staffing and, if a shortage of staffing, are hindering the delivery of health care. Describe how insufficient program space (if appropriate) is contributing to the shortage of staffing.]

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2. HSP Staffing: Tab I contains the HSP "Staffing Summary Report," which reflects that the health care facility space has been planned for a total staffing level of [number].

D. Cost Analysis of Direct Versus Contract Inpatient Health Care

[NOTE FOR PROGRAMMER: Information is required only if the new or replacement facility will include inpatient services. If inpatient services are to be provided, summarize findings of cost analysis and describe how it supports direct health care and this construction project. Then close paragraph with:] See Tab J for detailed cost analysis.

[or]

[NOTE FOR PROGRAMMER: If no inpatient services are included, use:] A cost analysis is not applicable for this project since inpatient services are not being provided. Accordingly Tab J is empty in this document.

E. Existing Health Care Facility: [NOTE FOR PROGRAMMER: Identify any existing facility, which will be described below.]

1. Location: The existing health facility is located
[NOTE FOR PROGRAMMER: State where the facility is located on the reservation and with respect to the population centers, and the condition of access routes to it.]

2. Facility Description

a. Health Care Facility: [NOTE FOR PROGRAMMER: Describe the existing health care facility in terms of type of construction, number of buildings, age of buildings, gross size in square meters, bed capacity, functional limitations of capacity, structural condition, and utilities, noting deficiencies of each. Identify number and cost of deficiencies identified in the Facilities and Equipment Deficiencies System (FEDS) and note what impact the correction of these FEDS deficiencies may have on the structural and functional adequacy of the existing facility to accommodate proposed health care service programs. Discuss any expansions, renovations, improvements, etc. {If available and applicable, insert color photographs highlighting deficiencies of existing facility.}]

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b. Staff Quarters: [NOTE FOR PROGRAMMER: Describe the existing staff quarters in terms of type of construction, number of buildings, age of buildings, gross sizes in square meters, any functional limitations of capacity, structural condition, and utilities, noting deficiencies of each. Identify number and cost of deficiencies identified in the FEDS and note what impact correction of these deficiencies may have on the structural and functional adequacy of the existing quarters. Discuss any expansions, renovations, improvements, etc. {If available and applicable, insert color photographs highlighting deficiencies of existing quarters.}]

3. Site Deficiencies: [NOTE FOR PROGRAMMER: Describe the general conditions of the existing facility site with regard to location, size, access roads, parking areas, utilities, etc. Discuss if the site is large enough to accommodate the proposed facility expansion, and, if not, if adjacent land is available.]

4. Space Deficiencies: [NOTE FOR PROGRAMMER: As applicable, explain how the size of the facility/facilities and what it/they was/were originally designed for, and how that usage has changed. Describe how the present facility fails to support a modern health care delivery system in terms of adequate space for existing services, new services, and to accommodate existing and new staff. Explain why the lack of space, inadequate room sizes, and the floor plan do not support a well-functioning health care program.]

5. Feasibility Study: [NOTE FOR PROGRAMMER: State if a feasibility study is being done, has been done, will be done, has not been done yet, or will not be done, and the appropriate reasons, using one of the following guides:]

[If a study is being done, has been done, will be done or has not been done yet, use an appropriate adaptation of the following:]
Engineering Services - [Seattle or Dallas] is conducting a feasibility study to determine the future use of the existing facility. It is anticipated that the existing facility will [Describe what the final disposition of the existing facility will be, e.g., replaced, expanded, renovated, transferred to tribe, or razed.]

[If a study will not be done, use:]
Considering the noted space deficiencies, there is no need for a feasibility study, so the Engineering Services - [Seattle or Dallas]

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will not conduct such. {NOTE FOR PROGRAMMER: Then describe what the final disposition of the existing facility will be, e.g., replaced, expanded, renovated, transferred to tribe, or razed.]

6. Conclusions: [NOTE FOR PROGRAMMER: Summarize conclusions about the existing health care facility and explain why the existing health care facility cannot support a modern health care delivery system.]

VII. PROPOSED PROJECT

[NOTE FOR PROGRAMMER: In an opening paragraph, describe how the proposed project will meet program needs. Indicate if the proposed facility is to be new, a modernization, an addition, or a combination of these.]

A. Proposed Project Site: The Phase I Site Selection and Evaluation Report (SSER) indicates that [number] ha of land are needed for this project and recommends that the proposed facility be constructed on approximately [quantity] ha of [type, such as trust] land that has been set-aside by the BIA and is located in [name] County in the State of [name], at the [describe general location], in [name of location], [name of state], which will be legally described in the Phase II SSER, that supports the approved Program of Requirements (POR) for this project. With the approval of this PJD, the Phase I SSER, that was prepared and submitted by the ES-[Dallas or Seattle] on [date], and approved by the Associate Director, Office of Environmental Health and Engineering, [name] Area IHS, on [date], is concurred with and accepted by the IHS Headquarters, by the approval of this PJD. The project location is shown on maps in Tab A.

B. Proposed Health Care Facility: The HSP process has generated a preliminary estimate of [number] square meters for the building gross area for the proposed health care facility. Tab K contains the HSP "Building Area Summary" for the health care facility portion of this project. The justifications for any space deviations are contained in Tab L. Justifications for and information about any tribal programs are contained in Tab M.

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C. Proposed Staff Quarters: For the proposed [number] staff quarters units, the estimated total gross area is approximately [number] square meters. Section VIII has details for the staff quarters. [NOTE FOR PROGRAMMER: If the project does not include staff quarters, so indicate in this paragraph.]

D. Project Time Schedule: The estimated time schedule for the proposed project is: [NOTE FOR PROGRAMMER: If the project does not include staff quarters, indicate N/A in table.]

| SCHEDULED ITEMS | NUMBER OF MONTHS | |
|-------------------|----------------------|----------------|
| | HEALTH CARE FACILITY | STAFF QUARTERS |
| Design time | | |
| Bid time | | |
| Construction time | | |

E. Project Cost Estimate: The project cost estimate is based on the HSP estimated space requirements and the above time schedule, as generated by the IHS Facilities Budget Estimating System. Below is a summary of the current cost estimates for each component of this project, as prepared by the ES-[Seattle or Dallas] on [date] for the health care facility and on [date] for the staff quarters.

| PORTION OF PROJECT | DESIGN (\$000) | CONSTRUCTION (\$000) | EQUIPMENT (\$000) | TOTAL (\$000) |
|----------------------|-------------------|-------------------------|----------------------|------------------|
| Health Care Facility | | | | |
| Staff Quarters | | | | |
| Project Total | | | | |

VIII. PROPOSED STAFF QUARTERS

[NOTE FOR PROGRAMMER: If additional staff quarters are required to support the staffing proposed in this PJD, a Program Justification Document for Staff Quarters (PJDQ) must be included as Tab N to this document. See the IHS Technical Handbook for Environmental Health

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and Engineering, Volume II, Part 13, Chapter 13-6 for the prototype PJDQ to be used.]

Tab N contains the Program Justification Document for Staff Quarters (PJDQ) for this project. In the PJDQ, the need for staff quarters has been evaluated and it has been determined that **(staff quarters) or (additional staff quarters) (are) or (are not)** required to provide housing for the **additional** IHS staff to be assigned to the proposed **(new) or (replacement)** health care facility. Table **[number]** below provides a breakdown of the total staff quarters units required in comparison with the existing units, for a resultant number of new units required. The new quarters will assure the availability of safe, suitable housing for non-local personnel essential to the IHS health care delivery system for the proposed IHS **[facility name]**. Table **[number]** below indicates the preliminary net and gross areas of the proposed new staff quarters units, applying the criteria specified in Office of Management and Budget (OMB) Circular A-45. The PJDQ, as contained in Tab N, justifies the providing of **[number]** new staff quarters units. The Program of Requirements for Staff Quarters (PORQ), as contained in the project Program of Requirements (POR), will provide specific requirements for the number of staff quarters units authorized by this document. The PORQ, as part of the POR, will be issued as a separate planning document. **[NOTE FOR PROGRAMMER: If no quarters are required, omit two tables shown below, and make an appropriate comment in this section.]**

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TABLE [number]
STAFF QUARTERS NEEDS

| | NUMBER OF GOVERNMENT QUARTERS UNITS | | |
|---------------------------------|-------------------------------------|----------------------------------|-------------------------------------|
| | TOTAL REQUIRED | EXISTING FOR CONTINUED USE | ADDITIONAL REQUIRED ¹ |
| Rental Units | | | |
| 1 - Bedroom | [] | [] | [] |
| 2 - Bedroom | [] | [] | [] |
| 3 - Bedroom | [] | [] | [] |
| 4 - Bedroom | [] | [] | [] |
| Subtotal Rental Units | [] | [] | [] |
| Transient Units | | | |
| 1 - Bedroom | [] | [] | [] |
| Subtotal Transient Units | [] | [] | [] |
| TOTAL QUARTERS UNITS | [] | [] | [] |

Note for Table III:

1. The "ADDITIONAL REQUIRED" Column reflects a deduction for local private sector housing that is projected to be available for "Non-Local" staff. **[NOTE FOR PROGRAMMER: If there are no private sector housing units available, so note.]**

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**TABLE [NUMBER]
AUTHORIZED SPACE FOR PROPOSED NEW STAFF QUARTERS**

| | | NO. NEW UNITS | AUTHORIZED NET UNIT AREA ¹ (m ²) | TOTAL NET AREA (m ²) | NET TO GROSS FACTOR | TOTAL GROSS AREA ² (m ²) | TOTAL GROSS UNHEATED SPACE ³ (m ²) |
|--|--------------------------------|---------------------|--|---|---------------------------|--|--|
| Single Family | | | | | | | |
| | 2 Bedroom | [] | 93(102) | [] | 1.25 | [] | [] ⁴ |
| | 2 Bedroom (HC) ⁵ | [] | 102(112) | [] | 1.25 | [] | [] ⁴ |
| | 3 Bedroom | [] | 131(145) | [] | 1.25 | [] | [] ⁴ |
| | 3 Bedroom (HC) ⁵ | [] | 145(160) | [] | 1.25 | [] | [] ⁴ |
| | 4 Bedroom | [] | 155(171) | [] | 1.25 | [] | [] ⁴ |
| | 4 Bedroom (HC) ⁵ | [] | 171(188) | [] | 1.25 | [] | [] ⁴ |
| Multi-Family [NOTE TO PROGRAMMER: For the below types, provide entries for each different type; i.e., quadplex, triplex or duplex.] | | | | | | | |
| | 1 Bedroom | [] | 75(83) | [] | 1.25 | [] | [] ⁶ |
| | 2 Bedroom | [] | 93(102) | [] | 1.25 | [] | [] ⁶ |
| | 3 Bedroom | [] | 131(145) | [] | 1.25 | [] | [] ⁴ |
| Transient (Multi-Unit) | | | | | | | |
| | 1 Bedroom | [] | 51(56) | [] | 1.25 | [] | [] ⁷ |
| | 1 Bedroom (HC) ⁵ | [] | 56(62) | [] | 1.25 | [] | [] ⁷ |
| TOTAL STAFF QUARTERS | | [] | | [] | | [] | [] |

Notes for Table IV:

1. [NOTE FOR PROGRAMMER: (For normal location, use: The Authorized Net Unit Areas shown for a normal location, based on OMB Circular A-45, Revised October

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20, 1993.) or (For a remote location, use: The Authorized Net Unit Areas shown are for a remote location, as officially designated by IHS Headquarters, following guidance provided by OMB Circular A-45. The quarters units are to be designed to these authorized net floor areas.))]

2. The Total Gross Area is for heated spaces and does not include the unheated outside storage room and the car storage area (carport or garage).

3. Unheated spaces consist of outside storage and a car storage area (carport or garage).

4. The authorized unheated unit space for this type of quarters unit consists of a three gross m² outside storage area and a 50 gross m² two car garage.

5. Handicapped accessible designated units. To comply with handicapped accessibility standards, the net unit areas for five percent of the new quarters have been increased by 10 percent.

6. The authorized unheated unit space for this type of quarters unit consists of a three gross m² outside storage area and a 25 gross m² one car garage.

7. The authorized unheated unit space for this type of quarters unit consists of a 25 gross m² one car carport.

[NOTE FOR PROGRAMMER: For above table, in the Column identified as "Authorized Net Unit Area," are shown, for ready reference and use, the normal authorized net unit areas, with the authorized net unit areas for remote locations being shown in parentheses (). Remote areas are to be used only when so designated by IHS Headquarters. Only show either normal or remote numbers in this column, as applicable.]

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TAB A

MAPS

[NOTE FOR PROGRAMMER: Include map(s) showing the general areas of the region, reservation, respective IHS Area, Service Unit, Service Area, and the location of the existing and proposed facilities].

TAB B

JUSTIFICATIONS

FOR

NON-HSP AUTHORIZED

IHS HEALTH CARE SERVICES

[NOTE FOR PROGRAMMER: Include, as applicable, data and methodology to justify the need for proposed new health care services that are not generated and authorized normally by the HSP.]

TAB C

**ALTERNATIVE SOURCES
OF
HEALTH CARE**

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TAB C
ALTEATIVE SOURCES OF HEALTH CARE

1. Ratios of Physicians to Total Population in the Area:

- a. The fiscal year (FY) [year] ratio of physicians to residents for the [name] Service Unit [is/was] [number] to [number] people ratio. (There are [number] physicians for a population of [number])
- b. The FY [year] ratio of physicians to all residents for the [number] principal counties of the service unit (is/was) [number] to [number] ratio. [NOTE FOR PROGRAMMER: If more than one county, show separate subparagraphs with requested information.]
- c. There are no known pending applications for additional health services through the Rural Health Initiative or National Health Service Corps programs for any county in the area. [NOTE FOR PROGRAMMER: State if applicable.]

2. Other IHS facilities that provide health care services in this service unit:

a. Inpatient

| FACILITY NAME/LOCATION | DISTANCE FROM PROPOSED SITE (km) | TRAVEL TIME (hr:min) | BEDS (#) | ADPL FY92 | JCAHO (Y/N) |
|------------------------|--|----------------------------|-------------|--------------|----------------|
| [,] | [] ([direction]) | [:] | [] | [] | [] |
| [,] | [] ([direction]) | [:] | [] | [] | [] |

b. Ambulatory (Outpatient)

[NOTE FOR PROGRAMMER: Give a brief synopsis of the programs in the above facilities and state whether they can/cannot support the health care delivery program at the service unit.]

a. Inpatient

[NOTE FOR PROGRAMMER: Give a brief synopsis of the programs in the above facilities and state whether they can/cannot support the health care delivery program at the service unit.]

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b. Ambulatory (Outpatient)

| FACILITY NAME/LOCATION | DISTANCE FROM PROPOSED SITE (km) | TRAVEL TIME (hr:min) |
|------------------------|--|----------------------------|
| [,] | [] ([direction]) | [:] |
| [,] | [] ([direction]) | [:] |

[NOTE FOR PROGRAMMER: Give a brief synopsis of the programs in the above facilities and state whether they can/cannot support the health care delivery program at the service unit. Then, use these facts to discuss how the proposed facility can best meet Service Unit health care needs. Include in Tab A map(s) showing locations of all noted facilities in relation to the proposed facility].

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TAB D

HSP

DISCIPLINE - USER

POPULATION

REPORT

[NOTE FOR PROGRAMMER: Insert this report generated in the PJD component of the HSP.]

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TAB E

HSP

WORKLOAD SUMMARY

REPORT

[NOTE FOR PROGRAMMER: Insert this report generated in the PJD component of the HSP.]

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TAB F

HSP

DISCIPLINE SUMMARY

REPORT

[NOTE FOR PROGRAMMER: Insert this report generated in the PJD component of the HSP.]

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TAB G

LISTING

OF

APPROVED STAFF POSITIONS

[NOTE FOR PROGRAMMER: First, insert a summary by department showing authorized staff positions; then provide a detailed listing of all staff positions that have been approved for the project. Include the FTEs generated by the approved RRMNA, tribal positions, and any contract positions.]

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TAB G

STAFFING SUMMARY

The below summary of authorized staff was determined from an analysis of the application of the Resource Requirements Methodology Needs Assessment (RRMNA) for the Resource Requirements Methodology (RRM) as each applies for the proposed IHS [type of health care facility] at [location], [state]. Tab H contains the details backing up the final approved staffing, including the latest version of RRMNA Report, details and justifications for deviations.

| <u>DEPARTMENT</u> | <u>CURRENT AUTHORIZED POSITIONS</u> | <u>ADDITIONAL REQUIRED POSITIONS</u> | <u>TOTAL IHS RRM REQUIREMENT</u> |
|---|---|--|--|
| 10.0 INPATIENT CARE SERVICES | | | |
| 11.0 Acute Care Nursing | [] | [] | [] |
| 12.0 Intensive Care Nursing | [] | [] | [] |
| 13.0 Labor/Delivery/Nursery | [] | [] | [] |
| 14.0 Psychiatric Nursing | [] | [] | [] |
| 15.0 Adolescent Psychiatric Nursing | [] | [] | [] |
| 16.0 Sub-Acute Care Nursing (Short Stay Nursing Unit | [] | [] | [] |
| 17.0 Sub-Acute Care / Labor & Delivery (Birthing Center) | [] | [] | [] |
| 20.0 AMBULATORY CARE SERVICES | | | |
| 21.0 Primary Care | [] | [] | [] |
| 22.0 Specialty Care | [] | [] | [] |
| 23.0 Eye Care | [] | [] | [] |
| 24.0 Audiology | [] | [] | [] |
| 25.0 Dental Care | [] | [] | [] |
| 26.0 Emergency / Urgent Care | [] | [] | [] |
| 30.0 ANCILLARY SERVICES | | | |
| 31.0 Surgery | [] | [] | [] |
| 32.0 Laboratory | [] | [] | [] |

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| | | | | |
|------|---|-----|-----|-----|
| 33.0 | Diagnostic Imaging | [] | [] | [] |
| 34.0 | Pharmacy | [] | [] | [] |
| 35.0 | Physical Therapy | [] | [] | [] |
| 36.0 | Respiratory Therapy | [] | [] | [] |
| 40.0 | PREVENTIVE CARE SERVICES | | | |
| 41.0 | COMMUNITY HEALTH SERVICES | | | |
| 41.1 | Public Health Nursing | [] | [] | [] |
| 41.2 | Public Health Nutrition | [] | [] | [] |
| 41.3 | Health Education | [] | [] | [] |
| 41.4 | Health Promotion / Disease Prevention | [] | [] | [] |
| 41.5 | Diabetes | [] | [] | [] |
| 42.0 | BEHAVIORAL HEALTH SERVICES | | | |
| 42.1 | Mental Health | [] | [] | [] |
| 42.2 | Social Services | [] | [] | [] |
| 42.3 | Alcohol and Substance Abuse | [] | [] | [] |
| 43.0 | ENVIRONMENTAL HEALTH SERVICES | [] | [] | [] |
| 50.0 | FACILITY SUPPORT SERVICES | | | |
| 51.0 | Medical Supply | [] | [] | [] |
| 52.0 | Property and Supply | [] | [] | [] |
| 53.0 | Dietary | [] | [] | [] |
| 54.0 | Housekeeping | [] | [] | [] |
| 55.0 | Facility Management | [] | [] | [] |
| 56.0 | Clinical Engineering | [] | [] | [] |
| 60.0 | ADMINISTRATIVE SUPPORT SERVICES | | | |
| 61.0 | Administration | [] | [] | [] |
| 62.0 | Information Management | [] | [] | [] |
| 63.0 | Business Office | [] | [] | [] |
| 64.0 | Health Information Management (Medical Records) | [] | [] | [] |
| 65.0 | Education & Group Consultation | [] | [] | [] |

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66.0 Employee Facilities

67.0 Public Facilities

TOTALS

[]

[]

[]

TRIBAL STAFF

| DEPARTMENT | TRIBAL STAFF NUMBER |
|---|---------------------------|
| 26.0 Emergency and Urgent Care: | |
| EMS Program | [] |
| 40.0 PREVENTIVE CARE SERVICES | |
| 41.0 COMMUNITY HEALTH SERVICES | |
| Women, Infant & Children (WIC) Program | [] |
| Community Health Representative Program | [] |
| Health Education Program | [] |
| Communicable Disease Program | [] |
| Family Planning Program | [] |
| Long Term Care Program | [] |
| AIDs Program | [] |
| 42.0 BEHAVIORAL HEALTH SERVICES | |
| 42.1 Mental Health | [] |
| Behavioral Health Services Program | <u>[]</u> |
| Total Tribal Staff | [] |

[NOTE FOR PROGRAMMER: The above are sample entries. For any tribal positions, list by departments. List applicable departments, using the Programming and Planning Guidance for the IHS HSP process as a guide.]

TAB H

**RESOURCE REQUIREMENTS
METHODOLOGY NEEDS
ASSESSMENT**

[NOTE FOR PROGRAMMER: First, insert a copy of the approved latest version of the Resource Requirements Methodology Needs Assessment (RRMNA) Report for the project. Then, provide details backing up the the approved RRMNA Report, Provide, also, details and justifications for any deviations.]

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TAB I

HSP

STAFFING SUMMARY

REPORT

[NOTE FOR PROGRAMMER: Insert this report generated in the POR component of the HSP.]

TAB J

**COST ANALYSIS OF DIRECT
VERSUS CONTRACT
INPATIENT HEALTH CARE**

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TAB J

COST ANALYSIS OF DIRECT VERSUS CONTRACT INPATIENT HEALTH CARE

[NOTE FOR PROGRAMMER: See IHS Technical Handbook For Environmental Health and Engineering, Volume II, Part 11, Chapter 11-5, "Cost Analysis Methodology - Direct Versus Contract Inpatient Care," for instructions and sample cost analysis worksheet. The completed cost analysis worksheet is to be included here for an inpatient health care facility. If the project is not for an inpatient health care facility, do not delete this Tab, but include the Tab cover sheet and just note that it is not applicable for the project.]

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TAB K

HSP

BUILDING AREA SUMMARY

REPORT

[NOTE FOR PROGRAMMER: Insert this report generated in the POR component of the HSP.]

TAB L

**JUSTIFICATIONS FOR
SPACE DEVIATIONS**

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TAB L

JUSTIFICATIONS FOR SPACE DEVIATIONS

Below are justifications for space deviations from that specified in the HSP process. With the approval of this POR, identified space deviations are approved.

[NOTE FOR PROGRAMMER: If there are no space deviations for this project, include this Tab cover sheet and just note that it is not applicable for the project.]

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TAB M

**JUSTIFICATIONS FOR
TRIBAL PROGRAMS AND SPACE**

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TAB M

JUSTIFICATIONS FOR TRIBAL PROGRAMS AND SPACE

Below are justifications for tribal programs and space. With the approval of this POR, identified Tribal programs and space are approved for inclusion in this project.

[NOTE FOR PROGRAMMER: If there are no Tribal programs for this project, include this Tab cover sheet and just note that it is not applicable for the project.]

TAB N

**PROGRAM JUSTIFICATION
DOCUMENT
FOR
STAFF QUARTERS**

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TAB N

PROGRAM JUSTIFICATION DOCUMENT FOR STAFF QUARTERS

[NOTE FOR PROGRAMMER: Use IHS Technical Handbook for Environmental Health and Engineering, Volume II, Part 13, Chapter 13-6 for prototype Program Justification Document for Staff Quarters (PJDQ) as a guide for the content of this Tab. If there are no staff quarters to be provided as part of this project, do not include a PJDQ, but do include this Tab cover sheet and just note that it is not applicable for the project.]